WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32000

1. PLACE OF DEATH
County: Polk
Township: ~~Madison~~
City: Fair Play
Registration District No.: 702
Primary Registration District No.: 4423
File No.: 12
Registered No.: 12
(No. ..... St. ..... Ward)

2. FULL NAME: Charles William Paynter

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Paynter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 93 | MONTHS 9 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen Merchandise
10. Date deceased last worked at this occupation (month and year): ~~1926~~ 1926
11. Total time (years) spent in this occupation: ~~###~~ 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER
13. NAME: Christian Paynter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Mary Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): H N Paynter, Fair Play Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lindley Prairrie DATE: Aug 19 1936

19. UNDERTAKER (ADDRESS): F W Barker, Fair Play Mo

20. FILED: 9/12 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 13 1936 to Aug 18 1936
I last saw him alive on Aug 17 1936. Death is said to have occurred on the date stated above, at 4.15 A M m.
The principal cause of death and related causes of importance were as follows:
No pathologic condition observed except senility and heat exaustion.

Date of onset

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Other contributory causes of importance:

Name of operation: None Date of: #
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury: #, 19
Where did injury occur? # (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. #
Manner of injury: #
Nature of injury: #

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas H Brown, M. D.
(Address) Fair Play Mo

NH